

10456333

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10	1					
11						
12						
13						
14						
15						
16	1					
17						
18						
19						
20						
21						
22						
23						
24	1					
25						
26						
27						
28						
29						
30	1					
31		1				
32	1					
33						
34						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56			1			
57				1		
58				1		
59				1		
60			1			
61				1		
62				1		
63				1		
64				1		
65				1		
66			1			
67				1		
68			1	1		
69			1			
70				1		
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.	←		9	←		←
TOTAL CLAIMS			14			